C M&M

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Members of:

California Society of Enrolled Agents

National Association of Enrolled Agents

TAX ORGANIZER

Tax Planning

Tax Preparation

Audit Representation

Tax Litigation

Fiduciary Services

Bookkeeping

Payroll

An Enrolled Agent is an individual who has demonstrated technical competence and professional ethics to the Treasury Department and has been granted enrollment to represent taxpayers before the Internal Revenue Service

General: 1040

Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) ___

Mark if you were married but living apart all year ___ Mark if your nonresident alien spouse does not have an ITIN ___

	Taxpayer	Spouse
Social security number		
First name		
Last name		
Occupation		
Designate $3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank)		
Mark if legally blind		
Mark if dependent of another taxpayer		
Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N)		
Date of birth		
Date of death		
Work/daytime telephone number/ext number		
Do you authorize us to discuss your return with the IRS (Y, N)		

General: 1040, Contact

Present Mailing Address

Address ___
Apartment number ___
City/State postal code/Zip code ___ ___ ___
Foreign country name ___
Foreign phone number ___
Home/evening telephone number ___
Taxpayer email address ___
Spouse email address ___

General: 1040

Dependent Information

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Care expenses paid for dependent

Credits: 2441

Child and Dependent Care Expenses

Provider information:
Business name ___
First and Last name ___ ___
Street address ___
City, state, and zip code ___ ___ ___
Social security number OR Employer identification number ___
Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP) ___
Amount paid to care provider in 2017 ___

	Taxpayer	Spouse
Employer-provided dependent care benefits that were forfeited		

Health Care: Coverage

Health Care Coverage

"Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.

	2017 Information	Prior Year Information
Was your entire family covered for the full year with minimum essential health care coverage? (Y, N)		

Income: W2

Salary and Wages

Please provide all copies of Form W-2 that you receive.
Below is a list of the Form(s) W-2 as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable

Retirement: 1099R

Pension, IRA, and Annuity Distributions

Please provide all copies of Form 1099-R that you receive.
Below is a list of the Form(s) 1099-R as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable box

T/S	Description	Prior Year Information	Mark if no longer applicable

Income: K1, K1T

Schedules K-1

Please provide all copies of Schedule K-1 that you receive.
Below is a list of the Schedule(s) K-1 as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box.

T/S/J	Description	Form	Mark if no longer applicable

Income: W2G

Gambling Income

Please provide all copies of Form W-2G that you receive.
Below is a list of the Form(s) W-2G as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable

Educate: 1099Q

Qualified Education Plan Distributions

Please provide all copies of Form 1099-Q that you receive.
Below is a list of the Form(s) 1099-Q as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable box

T/S	Description	Prior Year Information	Mark if no longer applicable

1040 Adj: IRA

Adjustments to Income - IRA Contributions

Please provide year end statements for each account and any Form 8606 not prepared by this office.

	Taxpayer	Spouse
Traditional IRA Contributions for 2017 -		
If you want to contribute the maximum allowable traditional IRA contribution amount, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	___	___
Enter the total traditional IRA contributions made for use in 2017	________	________
Roth IRA Contributions for 2017 -		
Mark if you want to contribute the maximum Roth IRA contribution	___	___
Enter the total Roth IRA contributions made for use in 2017	________	________

Educate: Educate2

Higher Education Deductions and/or Credits

Complete this section if you paid interest on a qualified student loan in 2017 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

T/S	Qualified student loan interest paid	2017 Information	Prior Year Information
___	________	________	________
___	________	________	________

Complete this section if you paid qualified education expenses for higher education costs in 2017.
Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.
Please provide all copies of Form 1098-T.

T/S	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
___	_	________	________	________	________	________
___	_	________	________	________	________	________
___	_	________	________	________	________	________
___	_	________	________	________	________	________

***Education Expense Code: 1 = American opportunity credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction**
The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record.

1040 Adj: 3903

Job Related Moving Expenses

Complete this section if you moved to a new home because of a new principal work place.

Description of move	________
Taxpayer/Spouse/Joint (T, S, J)	___
Mark if the move was due to service in the armed forces	_
Number of miles from old home to new workplace	________
Number of miles from old home to old workplace	________
Mark if move is outside United States or its possessions	_
Transportation and storage expenses	________
Travel and lodging (not including meals)	________
Total amount reimbursed for moving expenses	________

1040 Adj: OtherAdj

Other Adjustments to Income

Alimony Paid:

T/S	Recipient name	Recipient SSN	2017 Information	Prior Year Information
___	________	________	________	________

Street address ________
City, State and Zip code ________ ___ ________

	Taxpayer	Spouse	Prior Year Information
Educator expenses:			
________	________	________	________
________	________	________	________
Other adjustments:			
________	________	________	________
________	________	________	________
________	________	________	________

Itemized: A1

Medical and Dental Expenses

T/S/J		2017 Information	Prior Year Information
_	Medical and dental expenses		
_	Medical insurance premiums you paid***		
_	Long-term care premiums you paid***		
_	Prescription medicines and drugs		
_	Miles driven for medical items		

***Do not include pre-tax amounts paid by an employer-sponsored plan, amounts paid for your self-employed business, or Medicare premiums entered on Form Lite-3

Itemized: A1

Tax Expenses

T/S/J		2017 Information	Prior Year Information
_	State/local income taxes paid		
_	2016 state and local income taxes paid in 2017		
_	Sales tax paid on actual expenses		
_	Real estate taxes paid		
_	Personal property taxes		
_	Other taxes		

Itemized: A2

Interest Expenses

T/S/J		2017 Information	Prior Year Information
_	Home mortgage interest From Form 1098		

Other home mortgage interest paid to individuals:

T/S/J	Payee's Name	SSN or EIN	2017 Information	Prior Year Information
_				

Address	City	State	Zip Code

T/S/J		2017 Information	Prior Year Information
_	Investment interest expense, other than on Sch K-1s:		

Refinancing Information:	Refinance #1	Refinance #2
T/S/J	_	_
Recipient/Lender name		
Total points paid at time of refinance		
Date of refinance		
Term of new loan (in months)		
Reported on Form 1098 in 2017		

Itemized: A3

Charitable Contributions

T/S/J		2017 Information	Prior Year Information
_	Contributions made by cash or check		
_	Volunteer miles driven		
_	Noncash items, such as: Goodwill, Salvation Army		

Itemized: A3

Miscellaneous Deductions

T/S/J		2017 Information	Prior Year Information
_	Unreimbursed expenses		
_	Union dues, other than amounts reported on Form W-2		
_	Tax preparation fees		
	Other expenses, subject to 2% AGI limitation:		
_			
_			
_	Safe deposit box rental		
_	Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT		
	Other expenses, not subject to the 2% AGI limitation:		
_			
_	Gambling losses (enter only if you have gambling income)		

General: Bank

Direct Deposit/Electronic Funds Withdrawal Information

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number , and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. ___

Primary account:

- Financial institution routing transit number ___
- Name of financial institution ___
- Your account number ___
- Type of account (1 = Savings, 2 = Checking, 3 = IRA*) ___
- Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) ___
- Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) ___
- Enter the maximum dollar amount, or percentage of total refund Dollar ___ **or** Percent (xxx.xx) ___

Secondary account #1:

- Financial institution routing transit number ___
- Name of financial institution ___
- Your account number ___
- Type of account (1 = Savings, 2 = Checking, 3 = IRA*) ___
- Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) ___
- Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) ___
- Enter the maximum dollar amount, or percentage of total refund Dollar ___ **or** Percent (xxx.xx) ___

Secondary account #2:

- Financial institution routing transit number ___
- Name of financial institution ___
- Your account number ___
- Type of account (1 = Savings, 2 = Checking, 3 = IRA*) ___
- Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) ___
- Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) ___
- Enter the maximum dollar amount, or percentage of total refund Dollar ___ **or** Percent (xxx.xx) ___

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Electronic Filing: ID Auth

Identity Authentication

Taxpayer -

- Form of identification (1 = Driver's license, 2 = State issued identification) ___
- Identification number ___
- Issue date ___
- Expiration date ___
- Location of issuance ___
- Document number (New York only) ___

Spouse -

- Form of identification (1 = Driver's license, 2 = State issued identification) ___
- Identification number ___
- Issue date ___
- Expiration date ___
- Location of issuance ___
- Document number (New York only) ___

NOTES/QUESTIONS:

Form ID: CA

California General Information

Prior year last name

Taxpayer

Spouse

Mark if different from prior year return:

Social security number(s)

Address

Filing status

Use Tax

Item purchased	Purchase price	County (City)	Sales Tax paid

Contributions

Amount of contributions you wish to make to:

Seniors Special Fund

Alzheimer's Disease/Related Disorders Fund

Rare and Endangered Species Preservation Program

Breast Cancer Research Fund

Firefighters' Memorial Fund

Emergency Food for Families Fund

Peace Officer Memorial Foundation Fund

Sea Otter Fund

Cancer Research Fund

School Supplies for Homeless Children Fund

Parks Pass Purchase ($195)

State Parks Protection Fund

Protect Our Coast and Oceans Fund

Keep Arts in Schools Fund

Children's Trust Fund - Prevent Child Abuse

Prevention Animal Homelessness & Cruelty

Revive the Salton Sea Fund

California Domestic Violence Victims Fund

Special Olympics Fund

Type 1 Diabetes Research Fund

YMCA Youth and Government Fund

Habitat for Humanity Fund

California Senior Citizen Advocacy Fund

Native California Wildlife Rehabilitation

Rape Backlog Kit Fund

Renter Information

Number of months rented principal residence in California in 2017

Lived with person claiming dependency exemption for more than 6 months (Dependent of another only)

Property rented was exempt from property tax in 2017

Taxpayer claimed homeowner's property tax exemption in 2017

Spouse claimed homeowner's property tax exemption during 2017

Maintained separate residencies for the entire year

Addresses if more than one or different from mailing address

Address

City

State

Zip Code

Date Rented From

Date Rented To

Landlord information

Name

Address

City

State

Zip Code

Telephone